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Fact-Checker Falsely Accuses Mercola of Misleading Claims

Analysis by Dr. Joseph Mercola ✔ Fact Checked | March 21, 2022

STORY AT-A-GLANCE

- According to a fact-checking organization called Health Feedback, COVID-19 deaths have not been overcounted; rather, they've been undercounted. As "evidence," they cite a study from India, which concluded that they've undercounted cases
- Health Feedback is part of a World Health Organization project called Vaccine Safety Net, and is a fact-checking service under the umbrella of Science Feedback. Partners and funders of Science Feedback include Facebook and the Google News Initiative
- Health Feedback relies on semantics to debunk my statement that "most early COVID patients were killed from ventilator malpractice." The article I cited did not use the term "malpractice," but routinely using a treatment known to be harmful and/or deadly can rightfully be called malpractice
- The fact checker also claims that financial incentives given to hospitals for positive cases, treatments and deaths have had no impact on statistics because of "strict rules" on reporting
- Such "strict rules" have included counting "assumed" COVID cases and deaths, and counting cases where people were admitted to the hospital and/or died from other causes but had a positive test, either at death, post-mortem, or within a month of death

At this point, it seems "fact checks" primarily occur whenever an inconvenient truth needs to be buried or a lie covered up. It's all about propping up a house of cards

narrative. In recent weeks, so-called "fact checkers" have identified several statements in my articles as being "factually inaccurate" or "false," evidence be damned.

March 1, 2022, a fact-checking site called Health Feedback slapped false labels on three statements made in one of my articles, originally published January 31, 2022, and republished by The Epoch Times March 1, 2022.

For reference, Health Feedback[1] is part of a World Health Organization project called Vaccine Safety Net. It also belongs to the International Fact Checking Network, founded by the Poynter Institute and funded by grants from the Bill & Melinda Gates Foundation, Google, the Omidyar Network (owner of PayPal), and George Soros-owned nongovernmental organizations such as the National Endowment for Democracy and his Open Society Foundations.

Health Feedback, a fact-checking service under the umbrella of Science Feedback,[2] focuses on "correcting misinformation about vaccine safety." Partners and funders of Science Feedback include Facebook, the Google News Initiative[3,4] and the Poynter Institute.[5]

Have COVID Deaths Been Overcounted?

According to Health Feedback, the claim that COVID-19 deaths have been vastly overcounted is not only "baseless," but also the complete opposite of the truth. "There is no evidence that COVID-19 deaths have been overcounted; in fact, public health experts believe that deaths have actually been undercounted in many countries," science editor Fernanda Ferreira writes.[6]

In late August 2020, the U.S. Centers for Disease Control and Prevention published data showing only 6% of the total death count had COVID-19 listed as the sole cause of death.

The remaining 94% had had an average of 2.6 comorbidities or preexisting health conditions that contributed to their deaths.[7] My argument is that COVID is a lethal risk primarily for the sickest among us.

In the video above, nurse educator John Campbell, Ph.D., reviews data released by the U.K. government, which also show that the number of Britons who died from COVID alone, having no underlying health conditions that might have caused their death, was FAR lower than officially claimed.

This video was included in my January 31, 2022, article. Ferreira makes it clear that Campbell is also off his rocker and has been fact checked several times. Interestingly, she did not attack U.K. health secretary Sajid Javid, who in a January 19, 2022, press conference, admitted that the daily government figures are unreliable, because people have been dying, and continue to die, from conditions unrelated to COVID-19, but are included in the count due to a positive test.[8]

According to Ferreira, the fact that the vast majority of those who died from COVID had underlying conditions and/or comorbidities has no bearing on mortality statistics, because "a person with an underlying medical condition and/or comorbidity would most likely still be alive if they hadn't gotten COVID-19."

As "proof," Ferreira cites a study from India, which found they had undercounted COVID deaths. Could she not find evidence from the U.S. or the U.K. to back up her claim? Probably not, because the fact that the U.S. (and the U.K.) overcounted COVID deaths is simply indisputable.

As just mentioned, the British health secretary even claims the figures are off because people have died from all sorts of causes, and have been counted as COVID deaths for no other reason than they had a positive test, either at the time of death, post-mortem, or within a month of death.

On the other hand, a study done at BU School of Public Health not only goes to great lengths to use that same type of data to "prove" that COVID not only should be listed as the cause of death for people who died with serious comorbidities, but uses those numbers to "prove" that COVID deaths were UNDER counted by 36%.[9,10]

Either way, the fact that the vast majority of "COVID deaths" had comorbidities suggest two things: 1) COVID is a danger primarily to those already in ill health, and 2) many of

them likely died from causes unrelated to COVID but they had received a false positive test, and that alone dictated how they were counted.

There Are Clear Examples of Overcounts

Hospitals were financially incentivized to overcount and we have many clear examples of people who died from motorcycle accidents and gunshot wounds who were counted as COVID deaths simply because they'd either had a positive COVID test within a month of their death, or tested positive post-mortem. As reported by investigative journalist Sharyl Attkisson in September 2021:[11]

> *"One still murky and disputed area involves the death toll ... Some insist the true count is much higher; others claim it's lower. Today, we begin with the startling results of our investigation that found in some documented cases, news that COVID was the cause of death was greatly exaggerated ...*
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> *Thanksgiving 2020, Lucais Reilly shoots his wife Kristin in the head, then turns the gun on himself, committing suicide ... Grand County coroner Brenda Bock explains how the small town tragedy is exposing serious questions about the way COVID deaths are counted.*
>
> *Brenda Bock: I had a homicide-suicide the end of November, and the very next day it showed up on the state website as COVID deaths. And they were gunshot wounds. And I questioned that immediately because I had not even signed off the death certificates yet, and the state was already reporting them as COVID deaths.*
>
> *Bock says somebody, somewhere had apparently run the couple's names through a database showing they'd tested positive for COVID within 28 days of their death. Then recorded them as COVID deaths even though they died of gunshots ...*
>
> *Bock: This is a copy of the death certificate, and nowhere does it say COVID. So we have a homicide, suicide, nothing to do with COVID ... Within a week of the*

murder-suicide, two more Grand County deaths popped up on the state's COVID count. Bock investigated and found out why she had no record of them.

Bock: Two of them were actually still alive, and yet they were counting them. Had I not called them on it and asked them who those were, where were they from, all the information about it and it's like, 'Oh, well that was a typo. They just got put in there by accident.'"

Did COVID Patients Die From Ventilator Malpractice?

The second statement Health Feedback labeled as "inaccurate" was that "most of the early COVID patients were killed from ventilator malpractice." I had cited an April 2020 STAT News article,[12] which reported that "doctors say the machines are overused for COVID-19" and that most patients can be treated with less intensive respiratory support.

"However, the STAT article didn't state that most COVID-19 deaths were likely due to ventilator malpractice," Ferreira writes. This seems to be a case of semantics being used to confuse readers. The fact that STAT did not use the term "malpractice" does not prevent me from using that term, in light of the fact that routinely using a treatment known to be harmful and/or deadly in a majority of cases is malpractice.

I had also cited an April 9, 2020, Business Insider article,[13] which stated that 80% of COVID-19 patients in New York City who were placed on ventilators died,[14] causing doctors to question their use. Ferreira writes:

"The claim that 80% of COVID-19 patients placed on ventilators died in New York City comes from a 22 April 2020 scientific study that initially reported that 88% of COVID-19 patients in a New York hospital system (Northwell Health) placed on ventilators died. However, a correction[15] was published two days later clarifying that 24.5% of patients placed on ventilators died, not 88%."

I guess it's far more convenient to fact check me than to fact check Business Insider.[16] As of this writing, Business Insider still has not issued a correction. According to the correction in JAMA, of those who required ventilation, 72.2% "remained in hospital" at

the end of the study period. The argument Ferreira appears to make is that since the outcomes of these hospitalized patients remain unknown, they don't count.

While that's reasonable enough, Ferreira did not counter other citations included in the article, including U.K. data, which reportedly found 66% of ventilated COVID patients died, and a small study in Wuhan, where 86% of ventilated patients died.[17] Both of those studies were referenced by The Associated Press in April 2020.

ABC News also reported in April 2020 that "only a third of patients placed on a ventilator survive the experience," noting that "some experts are wondering if ventilators could be contributing to the poor survival rate and whether ventilators are being overused." There's no shortage of mainstream media outlets that have reported on the deadly overuse of ventilators, yet fact checkers have never bothered fact checking them.

Why Are Ventilators Not Ideal for COVID?

In April 2020, emergency room physician Dr. Cameron Kyle-Sidell argued that patients' symptoms had more in common with altitude sickness than pneumonia.[18]

In the early days of the pandemic, many patients would have low oxygen levels, so low they should theoretically be dead. Yet they were not gasping for air, and they displayed no typical signs of oxygen deprivation. This is at the heart of the problem with mechanical ventilation.

Doctors found, early on, that treating COVID patients as if they had pneumonia was incorrect. The mechanical ventilation was simply too intense, resulting in lung damage, and noninvasive respiratory support was often enough to bring their oxygen level back to normal.[19]

According to a paper[20] by critical care Drs. Luciano Gattinoni and John J. Marini, there were two different types of COVID-19 presentations, which they referred to as Type L and Type H. While one benefited from mechanical ventilation, the other did not. Despite that, putting COVID patients on mechanical ventilation is "standard of care" for COVID across the U.S. to this day.

Bear in mind that the symptoms of COVID have changed since the early days of the pandemic, and some symptoms have by now become extremely rare, as Omicron doesn't attack the lungs the way the original virus did. Still, ventilator use remains widespread, for no apparent reason.

Did Hospital Incentives Drive Up COVID Deaths?

The third statement Health Feedback labeled as "misleading" was that "hospital incentives are driving up COVID deaths."

> *"PolitiFact rated this claim a half-truth,[21] explaining that it's standard for Medicare, the U.S. government's national health insurance program, to pay roughly three times more for patients who go on ventilators, and due to a federal stimulus law, Medicare was paying 20% more for the treatment of COVID-19 patients," Ferreira writes.*
>
> *"The U.S. Centers for Medicare and Medicaid Services (CMS), which administers Medicare, provides add-on payment for COVID-19 treatments approved and authorized by the US Food and Drug Administration. This includes remdesivir, which Mercola singled out, but also COVID-19 convalescent plasma, baricitinib, molnupiravir and Paxlovid.*
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> *But while it's true that CMS has add-on payments for COVID-19 treatments — meaning that hospitals do get paid more for COVID-19 patients — PolitiFact pointed out that there was no evidence that hospitals were inflating COVID-19 patient numbers to make more money.*
>
> *There are strict policies for reporting COVID-19 hospitalizations and deaths, and overreporting is unlikely, PolitiFact explained. Instead, COVID-19 cases are actually undercounted due to lack of testing and other factors."*

So, basically, Health Feedback confirms that hospitals are receiving financial incentives for using certain treatments, including mechanical ventilation. But we're to take them on their word that the prospect of making significantly more money would never influence a

hospital's decision to treat a patient in a particular way. I'll let you decide if you believe that or not.

Then-CDC Director Acknowledged Incentives Drive Overcounting

Former CDC director Robert Redfield was not quite so gullible. At the end of July 2020, during a Republican House panel hearing, then-director Redfield actually agreed that U.S. hospitals have a significant financial incentive to overcount COVID cases, and that this incentive can influence the diagnostic codes used, and certainly has done so in the past.[22,23] As reported by Breitbart:[24]

> *"Asked to comment on what Rep. Blaine Luetkemeyer (R-MO) described as the 'perverse incentive' during a hearing by the House Oversight and Reform Select Subcommittee on the Coronavirus Crisis, Dr. Redfield responded:*
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> *'I think you're correct in that we've seen this in other disease processes too, really in the HIV epidemic, somebody may have a heart attack, but also have HIV — the hospital would prefer the [classification] for HIV because there's greater reimbursement."*

Faulty Testing Has Resulted in Flawed Statistics

So, while Health Feedback insists there are "strict policies for reporting COVID-19 hospitalizations and deaths" that make overcounting "unlikely," we've already shown that those "strict policies" have included tagging people who died within a month of a positive COVID test as a "COVID death," and marking patients admitted to the hospital, for any reason, as a "COVID patient" simply because they tested positive, even if they had no symptoms.

Ferreira also argues that cases are undercounted due to "lack of testing." I would argue that universal testing of healthy people is part and parcel of how we know, without doubt, that overcounting has occurred, because studies have repeatedly shown that using cycle thresholds (CTs) in the 40s will render most test results falsely positive.

> **“What we had was a ‘casedemic’ — an epidemic of false positives. And if a majority of ‘cases’ are false positives, then most ‘COVID deaths’ were likely not due to actual COVID infection either.”**

Many scientists have noted that anything over 35 cycles is scientifically indefensible.[25,26,27] A September 28, 2020, study[28] in Clinical Infectious Diseases revealed that when you run a PCR test at a CT of 35 or higher, the accuracy drops to 3%, resulting in a 97% false positive rate.

Fatal errors have also been found in the paper on which PCR testing for COVID is based.[29] So, what we had was a “casedemic”[30,31] — an epidemic of false positives. And if a majority of “cases” are false positives, then most “COVID deaths” were likely not due to actual COVID infection either. March 12, 2022, the Daily Mail reported:[32]

> *“Britain's entire response was based on results — but one scientist says they should have been axed a year ago. It has been one of the most enduring COVID conspiracy theories: that the 'gold standard' PCR tests used to diagnose the virus were picking up people who weren't actually infected ...*
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> *Such statements, it must be said, have been roundly dismissed by top experts. And those scientists willing to give credence such concerns have been shouted down on social media, accused of being 'Covid-deniers', and even sidelined by colleagues. But could they have been right all along? ...*
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> *Last month a report by the research charity Collateral Global and academics at Oxford University concluded as much, stating that as many as one third of all positive cases may not have been infectious. If they are right, that's a potentially staggering number — roughly six million cases.*
>
> *The Oxford scientists branded the UK's testing programme — which cost an eye-watering £2bn-a-month — as 'chaotic and wasteful' ... Nearly two years on from*

the first lockdown, how sure can we be that cases weren't, as some have argued, overstated?

As ever with anything COVID-related, it's a complex and nuanced picture, and there is far from a consensus on this point ... Professor Francois Balloux, director of University College London's Genetics Institute, told The Mail on Sunday: 'Many people may not have been infectious, despite getting a positive test.'"

Overcounting Is More Likely Than Undercounting

The Daily Mail goes on to review how the PCR test works, highlighting the ways in which our reliance on the test may have resulted in overcounts. The article also notes that when testing went into high gear, it was farmed out to labs across the country, with little or no oversight. A variety of PCR methods and equipment were used, making it difficult to assess reliability.

I would argue that while false negatives have also occurred, it's simply not reasonable to assume that the undercounting has been greater than the overcounting.

When was the last time you heard of anyone dying from apparent COVID despite having a negative test and not being marked down as a COVID patient? In some hospitals, patients with COVID symptoms were marked and treated as COVID patients even though they tested negative.[33]

In March 2020, the National Vital Statistics System even changed the way COVID deaths were to be captured on death certificates to include "assumed" deaths due to COVID,[34] and in April 2020, the CDC adopted a definition for "probable COVID-19 cases," which was based on exposure and symptoms alone.

Doctors have also blown the whistle stating that they were being pressured by hospital administrators to list COVID-19 on death certificates even though it wasn't a contributing factor.[35]

All of these "assumed" cases and deaths have been included in the tallies,[36,37] which, I believe, makes it far more likely that overcounting has occurred than undercounting. To learn more about how PCR tests have been used to drive overcounting of cases and deaths, read Dr. Meryl Nass' article, "Shameless Manipulation of Positive PCR Tests."[38]

As I stated at the beginning, "fact checks" have become a joke. They simply don't occur unless there's an inconvenient truth that needs to be covered up to keep the house of cards from crumbling.

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